



WHOLE BODY DONATION
**CONSENT FORM COMPLETION
GUIDE**

Introduction

One of the key components to the whole body donation process is the donation consent forms. These forms grant MEDCURE legal permission to make arrangements to bring the donor into our care, request medical records, and to perform a cremation afterward. Without these forms, we unfortunately would not be able to proceed with the donation process, so it is important that they be completed properly.

There are three documents that need to be completed in order for a donation to be successful; the Authorization of Body Gift, the Cremation Authorization, and the Death Certificate Vitals Worksheet. This guide will help explain how to correctly complete the documentation needed for MEDCURE to proceed with the donation process.

Getting the Forms

In order to remain compliant with regulations governing whole body donation and to maintain our AATB accreditation, we frequently have to make changes to our consent forms, rendering older versions of our forms obsolete. To help prevent families from submitting old, invalid forms, we no longer mail our consent forms along with our information brochures.

The donation consent forms can be downloaded from the [Whole Body Donation Forms](#) link on our website (medcure.org). The forms available on our website will always be the most current revision.

If the patient or their family are unable to print the forms from our website, we can also make arrangements to have them emailed or faxed to

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Authorization of Body Gift Form

The Authorization of Body Gift form must be completed and submitted to MEDCURE before we can begin making transportation arrangements for the donor. We request that these forms be submitted within 24 hours of the time of passing to ensure that we have adequate time to make transportation arrangements.

- A. For Office Use Only:** This section is for use of MEDCURE’s Donation Coordination staff and should be left blank.
- B. Donor’s Full Legal Name:** The full legal name of the donor as on file with the Social Security Office. If the donor has legally changed their last name due to marriage, they should use their current legal last name here. Any suffixes that the donor uses (Jr, Sr, II, etc.) should only be included here if they are legally part of their name.
- C. Hospice Care or Life Expectancy Check Boxes:** Indicating whether or not the donor is receiving hospice care or given a life expectancy of 6 months or less helps our Donation Coordination team properly prioritize those who are in need of immediate assistance. Checking the “Yes” box will prompt our staff to call the donor to conduct the eligibility screening if it has not already been completed.
- D. Date of Birth:** This should reflect the donor’s date of birth, and must be consistent on all three forms.
- E. My Relationship to the Donor is:** This is intended to reflect the relationship of the person who will be signing as the consentor to the donor. For example, if the consentor is the donor’s spouse, then they should write “spouse”. Only one relationship should be entered here, as there can be only one person signing the form as the consentor.



AUTHORIZATION OF BODY GIFT

For office use only A

Validated by: _____

Date: _____

For assistance please contact us 24/7 at 866-560-2525. Incomplete or inaccurate forms will be returned for correction.
IF BEFORE DEATH, this form must be completed by the donor or his/her Power of Attorney for Healthcare.
IF AFTER DEATH, this form must be completed by the next of kin.

B Donor's Full Legal Name: _____
(Legal name on file with the Social Security Office; if applicable, include Jr., Sr., II, III, etc.)

Is the prospective donor currently receiving hospice care or have a life-expectancy of six months or less? YES NO C

D Donor's Date of Birth: Month _____ Day _____ Year _____ E

My Relationship to the Donor is: _____ Priority order = 1. Self 2. Power of Attorney for Healthcare (if Power of Attorney send full and complete document) 3. Spouse 4. Adult child 5. Parent 6. Sibling 7. Next degree of kindred 8. Donor's Estate Representative

F. I have had adequate time for consideration, and all of my questions have been answered: The “Yes” box must be checked in order for this form to be valid.

G. Optional Additional Consent Box: While most of our researchers and educators are in the medical field, there are occasions where we may provide service to other sectors, such as military, search and rescue, or safety testing, to name a few. Participation in these non-medical research and training programs is 100% optional to our donors, and neither option for participation in these additional programs will affect a donor’s eligibility. The consenter must check either yes or no for this additional research.

F YES NO

G I further authorize this whole body donation for additional education and research uses, such as weapons testing and personal protective gear (for example military); search, rescue, and recovery operations; forensic pathology and crime scene investigation; educational display; plastination (permanent plastic fixation of body tissues); or automobile safety research. In some cases such research or education may involve destruction of the body or parts of the body.

YES NO

H. Signature of Consenter: This should be signed by the person of the highest priority who has legal authorization to consent to the donation. The consenter must also print their name to the right of the signature field and date their signature directly below the signature field.

The only people capable of signing as consenter prior to the donors passing is either the donor themselves or someone who has a valid Health Care Power of Attorney (HPOA). If someone is wanting to consent on these forms as an HPOA, we request that they first submit a copy of the HPOA document to our Donation Coordination team **before** they sign the consent forms so that we can review the documentation for validity for our purposes.

If the donor is incapable of self-consenting and there is no HPOA available, then consenting rights will fall to the highest priority Next of Kin **after** the donor has passed. It is very important that the legal Next of Kin not sign or date the forms until after death has occurred to ensure the validity of the consent forms. Priority order for legal Next of Kin, if no HPOA is available, is as follows: 1. Spouse 2. Adult Child 3. Parent 4. Sibling 5. Next Degree of Kindred.

I. Consenter Contact Information: The consenter will need to provide their full mailing address and phone number. Providing an email address is optional.

H I understand that signing this document does not guarantee acceptance of donation.
I hereby verify my understanding of all listed disclosures as indicated by my signature below:

I Signature of Consenter: _____ Print Name: _____
Date: _____ Address of Consenter: _____ City: _____
State: _____ Zip Code: _____ Phone Number: _____ Email: _____

J. Witness Signatures: This form requires two witness signatures. Both witnesses must be over the age of 18, and at least one needs to be a “disinterested” party (someone who is neither a spouse nor a blood relative of the donor). The relationship of the witness to the donor must be completed to verify that one is disinterested. The person who signed as the consentor cannot also sign as a witness.

Both witnesses need to also print their names and date their signatures. For the consent forms to be valid, both witnesses must sign and date the forms **on or after** the date that the consentor signs and dates the forms. If the witness signature dates are prior to the consentor signature date, the forms will need to be corrected.

K. Death Certificate Recipient: This should be the full mailing address for the person intended to receive the death certificate. If the death certificate recipient receives their mail at a PO Box rather than their physical address, then the PO Box address should be used. Please be sure to include a valid phone number so that our staff can contact the death certificate recipient in the event of returned mail.

<p>J</p> <p>Signature of Witness #1: _____</p> <p>Print Name: _____</p> <p>Date Signed: _____</p> <p>Relationship to Donor: _____</p>	<p>Signature of Witness #2: _____</p> <p>Print Name: _____</p> <p>Date Signed: _____</p> <p>Relationship to Donor: _____</p>
<p>K</p> <p>Please Send Death Certificate to (Name): _____ Relationship to Donor: _____</p> <p>Street Address: _____ City: _____</p> <p>State: _____ Zip Code: _____ Phone Number: _____</p>	

Cremation Authorization Form

The Cremation Authorization form must be completed and submitted to MEDCURE before we can begin making transportation arrangements for the donor. We request that these forms be submitted within 24 hours of the time of passing to ensure that we have adequate time to make transportation arrangements.

- A. For Office Use Only:** This section is for use of MEDCURE’s Donation Coordination staff and should be left blank.

- B. Donor’s Full Legal Name:** The full legal name of the donor as on file with the Social Security Office. If the donor has legally changed their last name due to marriage, they should use their current legal last name here. Any suffixes that the donor uses (Jr, Sr, II, etc.) should only be included here if they are legally part of their name.

- C. Date of Birth:** This should reflect the donor’s date of birth, and must be consistent on all three forms.

D. My Relationship to the Donor is: This is intended to reflect the relationship of the person who will be signing as the consentor to the donor. For example, if the consentor is the donor's spouse, then they should write "spouse". Only one relationship should be entered here, as there can be only one person signing the form as the consentor.



CREMATION AUTHORIZATION

For office use only
Validated by: _____
Date: _____

If BEFORE death, this form must be completed by the donor or their Power of Attorney for Healthcare (if Power of Attorney send document in with this form). If AFTER death, this form must be completed by the next of kin.

I hereby authorize and direct the crematory selected by MEDCURE, Inc. ("Crematory"), subject to its rules and regulations, to cremate the body of

Donor's Full Legal Name: _____ Date of Birth: _____
(Legal name on file with the Social Security Office; if applicable, include Jr., Sr., II, III, etc.)

My Relationship to the Donor is: _____ Priority order = 1. Self 2. Power of Attorney for Healthcare (if Power of Attorney send full and complete document) 3. Spouse 4. Adult child 5. Parent 6. Sibling 7. Next degree of kindred 8. Donor's Estate Representative

E. Pace Maker Alert: Either the yes or no box must be checked in order for the form to be valid.

F. Internal Radiation Alert: This section pertains only to internal radiation treatments, such as intravenous Metastron (containing Strontium 89) or surgically implanted brachytherapy seeds. Either the yes or no box must be checked in order for the form to be valid. If the yes box is checked, we also require the approximate date of the last treatment received to be indicated.

G. Disposition of Cremated Remains: Families have two options for disposition of cremated remains; remains can be returned to the family or they can be scattered at sea by MEDCURE. They should select only one of these options on the form.

If the family is opting to have their loved one's cremated remains returned, they will be sent via USPS Registered Mail. Because Registered Mail requires a signature upon receipt, we are unable to send remains to a PO Box or outside of the United States.

If the family opts to have cremated remains scattered at sea, they can choose whether they would like to receive notification in the form of a certificate detailing the date and location that their loved one's ashes were scattered.

E **PACEMAKER ALERT:** Does the donor have a pacemaker? YES (I authorize its removal) NO

F **INTERNAL RADIATION ALERT:** Has the donor received any intravenous or surgically implanted radiation treatments such as Metastron (Strontium 89) or brachytherapy seeds? YES (Approx. date of last treatment: _____) NO

DISPOSITION OF CREMATED REMAINS (please mark only one option)

Cremated remains are to be sent to (name of recipient)*: _____

G Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

- OR -

MEDCURE will arrange for a scattering at sea within 8 months of donation with notification without notification

H. Signature of Consenter: This should be signed by the person of the highest priority who has legal authorization to consent to the donation. The consenter must also print their name to the right of the signature field and date their signature directly below the signature field.

The only people capable of signing as consenter prior to the donors passing is either the donor themselves or someone who has a valid Health Care Power of Attorney (HPOA). If someone is wanting to consent on these forms as an HPOA, we request that they first submit a copy of the HPOA document to our Donation Coordination team **before** they sign the consent forms so that we can review the documentation for validity for our purposes.

If the donor is incapable of self-consenting and there is no HPOA available, then consenting rights will fall to the highest priority Next of Kin **after** the donor has passed. It is very important that the legal Next of Kin not sign or date the forms until after death has occurred to ensure the validity of the consent forms. Priority order for legal Next of Kin, if no HPOA is available, is as follows: 1. Spouse 2. Adult Child 3. Parent 4. Sibling 5. Next Degree of Kindred.

I. Consenter Contact Information: The consenter will need to provide their full mailing address and phone number. Providing an email address is optional.

J. Witness Signatures: This form requires two witness signatures. Both witnesses must be over the age of 18, and at least one needs to be a “disinterested” party (someone who is neither a spouse nor a blood relative of the donor). The relationship of the witness to the donor must be completed to verify that one is disinterested. The person who signed as the consenter cannot also sign as a witness.

Both witnesses need to also print their names and date their signatures. For the consent forms to be valid, both witnesses must sign and date the forms **on or after** the date that the consenter signs and dates the forms. If the witness signature dates are prior to the consenter signature date, the forms will need to be corrected.

**I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE.
All fields must be filled out. Two witness signatures required.**

H	Signature of Consenter: _____	Print Name: _____								
	Street Address: _____	City: _____								
I	State: _____ Zip Code: _____	Phone Number: _____								
	Date Signed: _____	Time Signed: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM								
J	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px;">Signature of Witness #1: _____</td> <td style="width: 50%; padding: 5px;">Signature of Witness #2: _____</td> </tr> <tr> <td style="padding: 5px;">Print Name: _____</td> <td style="padding: 5px;">Print Name: _____</td> </tr> <tr> <td style="padding: 5px;">Date Signed: _____</td> <td style="padding: 5px;">Date Signed: _____</td> </tr> <tr> <td style="padding: 5px;">Relationship to Donor: _____</td> <td style="padding: 5px;">Relationship to Donor: _____</td> </tr> </table>		Signature of Witness #1: _____	Signature of Witness #2: _____	Print Name: _____	Print Name: _____	Date Signed: _____	Date Signed: _____	Relationship to Donor: _____	Relationship to Donor: _____
	Signature of Witness #1: _____	Signature of Witness #2: _____								
	Print Name: _____	Print Name: _____								
	Date Signed: _____	Date Signed: _____								
Relationship to Donor: _____	Relationship to Donor: _____									

Death Certificate Vitals Worksheet

The information provided on this form will be used to complete the donor's death certificate. Therefore, it's very important that the information be provide by the person with the most extensive knowledge of the donor's personal information to ensure accuracy.

If there is any information that the family doesn't have and has no way of obtaining, we request that they write "Unknown" in those fields instead of leaving them blank. If any fields are left blank, our Donation Coordination team will call the family to verify if that information is available.

- A. Donor's Full Legal Name:** The full legal name of the donor as on file with the Social Security Office. If the donor has legally changed their last name due to marriage, they should use their current legal last name here. Any suffixes that the donor uses (Jr, Sr, II, etc.) should only be included here if they are legally part of their name. If the donor married and changed their legal name, then they should record their maiden name in the "Maiden Name" field below the "Donor's Full Legal Name" field.

- B. Date of Birth:** This should reflect the donor's date of birth, and must be consistent on all three forms.

- C. Birthplace:** The city, state, or county of birth for the donor.

- D. Sex:** Select either "Male" or "Female".

- E. Social Security Number:** All MEDCURE Donors are required to have a valid social security number. If the donor or their family don't feel comfortable providing this information via fax, email, or mail, then they can call to provide it verbally.



DEATH CERTIFICATE VITALS WORKSHEET

WARNING: It is critical that you provide accurate information that matches legal records. Any incorrect, misspelled, illegible, or unofficial answer will invalidate the Death Certificate MEDCURE provides. If any answer is impossible to obtain, write "UNKNOWN." If possible, please type your answers. If not, please write VERY clearly in all capital letters.

A	Donor's Full Legal Name: _____ <small>(Legal name on file with the Social Security Office; if applicable, include Jr., Sr., II, III, etc.)</small>		B
	Maiden Name (if applicable): _____	Birthplace: _____ <small>City & State, or County</small>	C
D	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number (if preferred, may be provided verbally over the phone): _____	E

F. Donor's Residence Information: List the donor's most current residential information, as well as their previous state of residence (if applicable).

G. Marital Status: If the donor is currently married, list their spouse's information as well, with spouses maiden name listed in the "Maiden Name" field (if applicable).

F Residence State: _____ Since: _____ County: _____ Since: _____
Current Street Address: _____ City: _____
State: _____ Zip Code: _____ Lived at Current Address Since: _____ Inside City Limits? Yes No
Previous State of Residence: _____

G Marital Status: Never Married Married Divorced Widowed Other: _____
Spouse's Name (if applicable): _____
First Middle Last (Maiden Name)

H. Race: This should represent the race/ethnicity that the donor identifies as. If Donor identifies as Native American, they should also indicate their tribe in the field to the right.

I. Parent Information: Include mother's maiden name in the "Maiden Name" field (if applicable).

H Race: White/Caucasian African American Hispanic Asian Native American Tribe: _____
 Pacific Islander Other: _____

Father's Name: _____
First Last

I Father's Birthplace: _____
Mother's Name: _____
First Last (Maiden Name)
Mother's Birthplace: _____

J. Donor's Education Level: List the highest level of education achieved by the donor. If grade school or high school wasn't completed, indicate the highest grade level achieved.

K. Occupation: If the donor was retired upon passing, list their most common occupation prior to retirement; do not list occupation as retired.

J Donor's Education Level: Grade School (Grade Level: _____) GED High School (Grade Level: _____) Some College
(check only 1 box indicating highest education level achieved)
 Trade/Vocational Associate's Bachelor's Master's Professional/Doctorate Unknown

K Usual Occupation: _____ Industry: _____
Years in Occupation: _____ Name / Location of Last Employer: _____

L. Military Service: This section only needs to be completed if the donor serviced in the US Military. Otherwise, it can be marked as not applicable.

M. Person Completing Form: The person listed in this section will be listed on the final Death Certificate as the “Informant”. It is important that this person provide their contact information so that MEDCURE staff can contact them in there is any need for clarification.

L U.S. Military Service: Yes No Branch: _____ Discharge Date: _____ Serial Number: _____
Combat Served: Yes No War Served: _____

M Person Completing Form: _____ Relationship to Donor: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____ Phone Number: _____
Today's Date: _____

Submitting Completed Forms

Upon completion, all three forms can be emailed, faxed, or mailed to MEDCURE using the contact information listed below. This contact information also appears at the bottom of all three forms. In the event that the potential donor is nearing end-of-life or death has already occurred, we ask that the forms not be mailed, as a delay in the receipt of the forms could result in the donation being declined. If the family is having difficulty either emailing or faxing the documentation, we advise that they call to speak with a Donation Coordinator for assistance.

Email: donate@medcure.org

Fax: 503-257-9101

Mail: MEDCURE
18111 NE Sandy Blvd
Portland, OR 97230

Additional Education

MEDCURE offers in-service and webinars to help educate social workers, nurses, chaplains, and other end-of-life care providers on how to best assist their patients through the donation process. If you are interested in [scheduling an in-service or a webinar](#), or if you'd just like to have a question answered or order more information brochures, please feel free to contact us any time either by email at info@medcure.org, or by calling our toll-free number 866-560-2525 to speak with one of our knowledgeable Education Directors.